

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32795

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp Kaw Primary Registration District No. 1002
 City Kansas City (No. 3118 Wayne Avenue) St. _____ Ward _____

File No. _____

Registered No. 4018

2. FULL NAME Claude Andrew Heckert

(a) Residence. No. 3118 Wayne Avenue St. 13 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearle Doyle Heckert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 11, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	55	7	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Buyer for George B. Peck
 (b) General nature of industry, business, or establishment in which employed (or employer) Dry goods Company
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Henry A. Heckert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Christie Ann Bader

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Pearl Doyle Heckert (Address) 3118 Wayne Avenue

15. FILED 10/3, 1930 J. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1930 to Oct 2, 1930 that I last saw him alive on Oct 2, 1930, and that death occurred, on the date stated above, at 10:35 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arterial Sclerosis
82

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) None ascertainable

(duration) _____ yrs. _____ mos. _____ ds.

18. WHEN WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH No
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None

(Signed) J. M. Brown, M. D.

10/3, 1930 (Address) 1075 Paul & Blevy

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Oct 4 1930

20. UNDERTAKER Stine & McClure ADDRESS 3235

William Flagg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. B. Chambers.

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